Application for Clinical Training
MUSIC THERAPY
COLORADO MENTAL HEALTH INSTITUTE AT FORT LOGAN
3520 West Oxford Avenue
Denver, Colorado 80236

Name: Ms. / Mr. _____ **Date**: _____

Social Security Number (optional):_____

Present Address:

_____
No. Street/Road P.O. Box

_____
Apt. No. City

_____
State Zip Code

Permanent Address:

_____
No. Street/Road P.O. Box

_____
Apt. No. City

_____
State Zip Code

Please check which address that you would like responses sent: ☐ **Present** ☐**Permanent**

Phone: home_____ **Phone: work (optional)** _____

Phone: cell (optional) _____ **E-mail Address (optional):** _____

College/University attending:_____

Name of Music Therapy Director and phone number:_____

Date of Coursework completion:_____

Desired Start Date (circle) January Yr.____ July Yr.____

*(Indicate 1st choice with a * if choosing more than one start date.)*

Housing: (Circle) Yes I need housing on grounds.
No I do not need on ground housing.

Please answer the following questions as thoughtfully as possible. Please write legibly or type responses, you may use additional sheets of paper as needed.

1. **What are your strengths, skills, or interests that you feel will benefit Music Therapy in a psychiatric setting? You may list personal music therapy experiences if applicable:** _____

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2. **What are areas you wish to improve/enhance through your work at the Colorado Mental Health Institute? (You may list any specific personal goals here, training needed, etc).** _____

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3. **How do you think working with Adolescents with a Psychiatric illness will prepare you to become a professional music therapist? (Please explain or list professional goals here):** _____

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4. **Please share a personal example of your experience using music therapy with the psychiatric population. You may speak to your theory base, your skills, use of music, rapport building techniques, etc. How does this experience add to your desire to pursue an internship in music therapy with the psychiatric population?**

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List special qualifications and skills (i.e., CPR certification, first aid, Orff, Instrumental/vocal skills etc.) CPR certification must be up to date and be from the American Heart Association to be valid at CMHIFL. Class available at CMHIFL if you do not have a current valid CPR card. Include name/location of schools, dates attended, certificates, expiration dates, etc. Attach additional sheet if necessary.

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Please include the following as part of the application process:

1. A letter from the college/university Director of Music Therapy containing your academic completion date and a statement of eligibility for internship. (This may be a form letter but must contain an original signature.)

2. Official College/University transcript.

3. Two academic and/or work related letters of recommendation (must be from person aware of your music therapy skills and abilities).

4. Provide an example of a session plan that you have completed and utilized with the psychiatric population, attached to this return application.

APPLICATIONS SHOULD BE RECEIVED NO LATER THAN SIX MONTHS PRIOR TO THE DESIRED STARTING DATE.(Please call for any applications sent later than this time.)

_____

APPLICANT SIGNATURE

Interview: **Phone**_____

Personal_____

Date:_____

Comments:_____

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_____

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_____

Mail application directly to:

Melissa Munder, MT-BC, NMT, CPRP
Music Therapy Director of Clinical Training
CMHI at Fort Logan
3520 West Oxford Avenue
Denver, Colorado 80236
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